OMB Number: 4040-0004 Expiration Date: 03/31/2012

Application f	for Federal Assis	stance	SF-424						
				* If Revision	If Revision, select appropriate letter(s):				
Preapplication New									
Application			ontinuation	* Other (Sp					
Changed/Corr	rected Application	Re	evision						
* 3. Date Received:		4. Appli	cant Identifier:						
5a. Federal Entity Id	entifier:			* 5b. Fe	deral Award Identifier:				
State Use Only:	- 5-13-14								
6. Date Received by	State:		7. State Application	n Identifier:					
8. APPLICANT INF	ORMATION:								
* a. Legal Name:	Shoshone-Bannock Tri	bes							
* b. Employer/Taxpa	yer Identification Nun	nber (EIN	v/TIN):	* c. Org	anizational DUNS:				
82-0197554				793-1	39-684				
d. Address:									
* Street1:	P.O. Box 306								
Street2:									
* City:	Fort Hall								
County:	Bingham								
* State:	ID								
Province:									
* Country:				USA	: UNITED STATES				
* Zip / Postal Code:	83203								
e. Organizational l	Jnit:								
Department Name:			To the Control of the	Division	Name:				
Land Use Depart	ment			Enviro	nmental Waste Management Program				
f. Name and conta	ct information of pe	erson to	be contacted on r	natters inv	olving this application:				
Prefix: Mr			* First Nan	ne: Kel	ly				
Middle Name: C.									
* Last Name: Wri	ight		» _						
Suffix:									
Title: Program M	lanager/Environm	ental W	Vaste Manageme	nt Progra	m				
Organizational Affilia	ation:								
* Telephone Number	r: 208 236-1049				Fax Number: None				
* Email: kwright@	sbtribes.com								

Application for Federal Assistance SF-424
9. Type of Applicant 1: Select Applicant Type:
Indian Tribe
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:
* Other (specify):
* 10. Name of Federal Agency:
U.S. Environmental Protection Agency
11. Catalog of Federal Domestic Assistance Number:
66-817
CFDA Title:
State and Tribal Response Program Grant
*12. Funding Opportunity Number:
'* Title:
하는 사람들이 어린다. 나는 그 사람들이 되었다. 이 경우를 가지 않는 사람들이 되었다. 나는 사람들이 없는 사람들이 되었다.
일하다 그래마로 나타들어 하는 학생들이 없고, 생각되었는데 하는 학생들은 사람들이 있었다고 말라면 되었다.
13. Competition Identification Number:
Title:
보고 말을 통하다 때 보급하고 있는데 말하는데 되었다. 그는 그는 그는 그는데 그렇게 그렇게 되었다.
14. Areas Affected by Project (Cities, Counties, States, etc.):
Fort Hall, ID - Bingham, Bannock, Power, Caribou Counties
of thail, ib - bingham, ballhock, rower, Cambou Counties
* 15. Descriptive Title of Applicant's Project:
Fort Hall, Indian Reservation
Attach supporting documents as specified in agency instructions.

Application	for Federal Assistanc	e SF-424				
16. Congress	ional Districts Of:					
* a. Applicant	ID-02			* b. Program/P	roject ID-02	
Attach an addit	ional list of Program/Project C	ongressional Districts if need	ed.			
17. Proposed	Project:					
* a. Start Date:	10/1/14			* b. End	d Date: 9/30/15	
18. Estimated	Funding (\$):					
* a. Federal	\$383,560.00					
* b. Applicant						
* c. State						
* d. Local						
* e. Other						
* f. Program In	come					
* g. TOTAL	\$383,560.00					
a. This ap b. Program c. Program 20. Is the Ap Yes 21. *By signin herein are trucomply with a subject me to	ertifications and assurances,	e to the State under the Exput has not been selected be 372. Federal Debt? (If "Yes", per (1) to the statements core to the best of my known best an award. I am aware the trative penalties. (U.S. Cod	rovide ex ntained ir ledge. I a nat any fa e, Title 2°	Order 12372 Process of the for review. Explanation.) Applicant In the list of certification also provide the required alse, fictitious, or fraunts, Section 1001)	t Federal Debt Delinque ions** and (2) that the uired assurances** an idulent statements or c	statements d agree to laims may
Authorized Re	epresentative:					
Prefix:	Mr.	* First Name:	Natha	n		
Middle Name:						
* Last Name:	Small					
Suffix:			X FIF		salette etti	
* Title:	hairman, Fort Hall Business	Council				
* Telephone Nu	mber: 208 478-3805			Fax Number: 208 23	37-9736	
* Email: nsma	ll@sbtribes.com					
* Signature of A	uthorized Representative:	Walkan Sm	nall	* Date Signed:	6/19/14	

	ral Assistance SF-					
pplicant Federal Deb	Delinquency Explanat	ion				
following field should racters that can be enter	contain an explanation ered is 4,000. Try and ave	f the Applicant orga oid extra spaces and	nization is delinque carriage returns to	ient on any Federal I maximize the availabi	Debt. Maximum number of lity of space.	of

Item:	Entry:					
1.	Type of Submission: (Required): Select one type of submission in accordance with agency instructions.					
	Pre-application					
	Application					
	 Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date. 					
<u>2</u> .	Type of Application: (Required) Select one type of application in accordance with agency instructions.					
	 New – An application that is being submitted to an agency for the first time. Continuation -An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. Revision -Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. 					
	A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify)					
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.					
4.	Applicant Identifier: Enter the entity identifier assigned buy the Federal agency, if any, or the applicant's control number if applicable.					
5a.	Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.					
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency					
6.	instructions. Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.					
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.					
3.	Applicant Information: Enter the following in accordance with agency instructions: a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website. b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer					
	Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your					

	organization is not in the US, enter 44-4444444.						
	c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number						
	received from Dun and Bradstreet. Information on obtaining a DUNS number may be						
	obtained by visiting the Grants.gov website.						
	d. Address: Enter the complete address as follows: Street address (Line 1 required), City						
	(Required), County, State (Required, if country is US), Province, Country (Required),						
	Zip/Postal Code (Required, if country is US).						
	e. Organizational Unit: Enter the name of the primary organizational unit (and						
	department or division, (if applicable) that will undertake the assistance activity, if						
	applicable.						
	f. Name and contact information of person to be contacted on matters involving this						
	applicant required), organizational affiliation (if affiliated with an organization other						
	on: Enter the name (First and last name than the applicant organization), telephone						
	number (Required), fax number, and email address (Required) of the person to contact						
	on matters related to this application.						
	Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency						
	instructions.						
	A. State Government						
	B. County Government						
	C. City or Township Government						
	D. Special District Government						
	E. Regional Organization						
	F. U.S. Territory or Possession						
	G. Independent School District						
	H. Public/State Controlled Institution of Higher Education						
	I. Indian/Native American Tribal Government (Federally Recognized)						
	J. Indian/Native American Tribal Government (Other than Federally Recognized)						
	K. Indian/Native American Tribally Designated Organization						
	L. Public/Indian Housing Authority						
	M. Nonprofit						
	N. Nonprofit						
	O. Private Institution of Higher Education						
	P. Individual						
	Q. For-Profit Organization (Other than Small Business)						
	R. Small Business						
	S. Hispanic-serving Institution						
	T. Historically Black Colleges and Universities (HBCUs)						
	U. Tribally Controlled Colleges and Universities (TCCUs)						
	V. Alaska Native and Native Hawaiian Serving Institutions						
	W. Non-domestic (non-US) Entity						
	X. Other (specify)						
).	Name Of Federal Agency: (Required) Enter the name of the Federal agency from which						
	assistance is being requested with this application.						
	Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic						
	Assistance number and title of the program under which assistance is requested, as found in						
	the program announcement, if applicable.						
2.	Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and						
	i runume Opportunity Number/Title: theautreat ritler the runame Opportunity Number and						

	title of the opportunity under which assistance is requested, as found in the program announcement.
13.	Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable. C. Increase Duration D. Decrease Duration E. Other (specify)
14.	Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
15.	Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For pre-applications, attach a summary description of the project.
16.	Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5th district, CA012 for California 12th district, NC-103 for North Carolina's 103rd district. • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
18.	Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
19.	Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.
20.	Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include: But may not be limited to; delinquent audit disallowances, loans and taxes. If yes, include an explanation in an attachement.
21.	Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)